



**TEXAS**  
Department of Family  
and Protective Services

## **2020-2021 Citizen Review Team Report**

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March 2022

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## **Background**

The Texas Family Code (TFC §261.312) requires that each region have at least one Citizen Review Team. Five of these regions are designated as meeting the requirements of Child Abuse Prevention and Treatment Act (CAPTA), Appendix I. The CAPTA teams are in Region 1, Region 3 (3E and 3W), Region 6 (6A and 6B), Region 7 and Region 11. These sites represent a mixture of urban and rural communities and reflect a broad range of issues encountered by DFPS statewide. This report consists of information concerning the issues addressed by the Citizen Review Teams, including the teams in the five Child Abuse Prevention and Treatment Act regions.

## **Structure**

As required, all Citizen Review Team members, including those of the CAPTA Citizen Review Teams, are volunteers who represent a broad spectrum of their communities. The members are nominated locally and approved by the DFPS Commissioner. The Office of Accountability staff and Faith Based and Community Engagement staff assist in the areas of coordination, team development, training and statewide distribution of team reviews and recommendations. Child Safety Specialists within the Office of Accountability facilitate the meetings and the exchange of case-specific information, ensuring that confidentiality is maintained.

## **Reporting Process**

To coincide with the federal fiscal year reporting period, this report covers the period from October 2020 through September 2021 (FFY 2021). Information presented consists of data gathered by all Citizen Review Teams, including the CAPTA Citizens Review Teams. In FFY 2021 the teams reviewed child fatalities that met criteria for a Regional Child Death Review Committee. If there was not a child fatality case meeting criterion to review in the quarter, another case was selected. Reports of the meetings were documented on the Notification of Child Fatality – Part 4 Form.

## **Agency Response**

The Citizen Review Teams often present recommendations for local Child Protective Investigations and Child Protective Services direct delivery staff about actions they would like to see taken on a particular case. These case-specific recommendations are communicated during the Citizen Review Team meetings to the Child Protective Investigations and/or Child Protective Services representatives who are present; and recorded on the standardized reporting form. Required actions relating to case-specific recommendations are handled at the regional level.

The Citizen Review Teams also present recommendations with a statewide scope. These recommendations are presented to the Child Safety Review Committee throughout the year and to State Office program staff for consideration of policy development, training and coordination with external entities.

All Citizen Review Team recommendations are placed on the DFPS public website after approval of the Annual Report. The Web page for recommendations contains a Citizen Review Team specific mailbox that the public can use to comment on the recommendations. That Web page is: <https://www.dfps.state.tx.us/Investigations/CRT/default.asp>.

## **Panel Activities**

The Child Safety Specialists within the Office of Accountability act as the Citizen Review Team coordinator within their assigned Region of responsibility. The Citizen Review Team coordinators meet regularly with State Office program staff to discuss better ways to engage the community in the review process.

In an effort to gain essential feedback from the public, the Citizens Review Team coordinators and the Faith Based Community Engagement staff continue to work with their communities to engage and encourage volunteers to become involved in these Teams.

## **Analysis**

During FFY 2021 the Citizen Review Teams reviewed sixty-nine child fatality cases. At the time of the fatality, of these cases, one had an open Alternative Response case, ten had an open Investigation, two had an open Family Based Safety Services case, and two had an open Conservatorship case. No

recommendations were given in forty-seven of these reviews. Recommendations that were given or concerns noted as part of the other reviews were in the following areas: Safety and Risk, Policy and Practice, Training Needs, and Coordination with External Entities.

If the recommendation or concern was case specific, it was referred to regional management. Those that were noted to have a statewide scope are listed below.

DFPS values collaboration with our partners in the child welfare system in Texas. Building community relationships and partnerships is an integral part of DFPS work and is critical to providing clients with needed support. Overall, teams felt the Department was doing well and acknowledged the Department's ongoing efforts in staff development and casework improvement.

## **Safety and Risk**

### **Recommendation**

More transparency is needed within an open investigation so that protective caregivers can make the best decisions regarding child safety. Specifically, the team felt there is a need to disclose information regarding the alleged perpetrators, such as a history with drugs and/or assaults, which may impact a child's safety if around the alleged perpetrator.

### **DFPS Response**

Child Protective Investigations policy allows the release of certain information for child safety. The caseworker should reveal as little information as possible about the household member's criminal history, sharing only what is necessary to protect the child or adult's health and safety. Specifically, the caseworker may disclose otherwise confidential information to the parent or caregiver of a child who is an alleged victim of abuse or neglect in any of the following situations:

- The alleged perpetrator is also in the home.
- The alleged perpetrator is the subject of the criminal history information.
- The caseworker and supervisor determine that the release of information to the parent or caregiver is necessary to ensure the safety or welfare of the child or the adult.

See [Sharing Information during an Open Investigation](#)

## Policy and Practice

### Recommendation

The legal intervention of Motion to Aid/Participate should be allowed to be utilized in cases of non-cooperation, especially with families that have history with the Department.

### DFPS Response

Child Protective Investigations policy allows for this form of legal intervention when a parent or legal guardian is uncooperative or unwilling to participate in services that directly address the danger indicator or risk factors that cause concern for child safety. To file for a court order to participate in services there must be a continuing danger to a child's safety caused by the behavior of the parent or legal guardian and one of the following circumstances exist:

- There is a validated allegation that a child is a victim of abuse or neglect (Reason To Believe), or
- There is a substantial risk of abuse or neglect (risk is high or very high)

See [When a Child Who is With His or Her Family Cannot be Located](#)

Child Protective Services policy allows for this form of legal intervention if a parent fails to participate in services for two consecutive months, and there are danger indicators still present impacting child safety.

See [Family's Lack of Participation](#)

### Recommendation

Family Based Safety Services (FBSS) cases should not be closed when parents are either refusing to drug test or their tests are diluted. In this review, the team expressed worry that the decision to close the FBSS case was being made although the Team did not feel the baby would have been safe due to the parent's lack of consistent drug testing as well as "diluted" specimens.

### DFPS Response

Family Based Safety Services policy requires a case closure Safety Assessment and Risk Assessment as well as a staffing with the Supervisor to determine if case is appropriate for closure.

See [Case Closure in Family-Based Safety Services \(FBSS\)](#)

### Recommendation

Complete DFPS and criminal history checks on frequent visitors to the home in open Child Protective Investigation cases.

## **DFPS Response**

Child Protective Investigations has the ability to complete DFPS and criminal history checks on individuals who come to the home and are acting in a caregiver capacity or if there are safety concerns with the visitor and the parent’s ability to be protective.

## **Recommendation**

The Department has to take a close look at how their own policies limit their ability to manage cases with a lot of moving parts in them (i.e. cases that have extensive history with the same allegations that continue to get closed as there is no immediate safety concerns).

## **DFPS Response**

Child Protective Investigations has developed policy and practice for the caseworker to stage progress any intake received on a family. The caseworker then consults with their immediate supervisor and program director to determine if the new intake requires a follow up visit or can be closed. The supervisor and caseworker review the circumstances of the new intake and if any new information is provided that will require a follow up visit.

## **Recommendation**

There should be a way to share Texas DFPS history with other states, so they are notified when a mother who was responsible for a child fatality in Texas, gives birth to a new child.

## **DFPS Response**

When an out-of-state child welfare agency initiates an investigation, and as part of the investigation requests child welfare history on the parent from other states the parent has lived in, under the Child Abuse Prevention and Treatment Act (CAPTA), the out-of-state child welfare agency is required to disclose the information to the requesting state in order for the state to carry out its responsibilities to protect children from and neglect. 42 USC 5106a(b)(2)(B)(viii)(II). In addition, DFPS has policy in place that addresses provision of Texas DFPS history to an out of state child welfare agencies that requests such information.

See [Out-of-State Agency Requests for Case History](#)

## **Recommendation**

More conversations should be held with Prosecutors to ensure the criminal case does not “fall through the cracks”, and justice is served for the deceased child.

## **DFPS Response**

When there is a pending criminal case DFPS does cooperate with law enforcement and the prosecuting attorney to provide relevant information. And DFPS agrees that there should be ongoing communication and collaboration between DFPS, law enforcement, and the criminal



prosecuting attorney. However, it would be outside of the scope of DFPS to monitor criminal cases to ensure that the cases do not fall through the cracks.

## **Recommendation**

Current statute should be expanded to cover automatic referrals from the Department of State Health Services (DSHS) when there is a new birth match to a parent who was found Reason to Believe - Fatal in a Child Care Investigation or Residential Child Care Investigation.

## **DFPS Response**

The Texas Child Fatality Review Team had previously made a similar recommendation and DFPS and DSHS entered into a Memorandum of Understanding (MOU) in 2014 to allow for data exchanges between the agencies. However, any statutory change would need to go through the Texas Legislature.

## **Recommendation**

Current statute should be expanded to cover automatic referrals from Department of State Health Services when there is a new birth match to a parent who was previously found "Reason to Believe" for abuse or neglect to the deceased child in a fatality case, even though the severity code of the Reason to Believe was something other than Fatal.

## **DFPS Response**

The Texas Child Fatality Review Team had previously made a similar recommendation and DFPS and DSHS entered into an MOU in 2014 to allow for data exchanges between the agencies. However, any statutory change would need to go through the Texas Legislature.

## **Recommendation**

Review the Department's policy regarding the release of investigation records to law enforcement prior to case closure or prior to being redacted, as this often hampers communication with law enforcement and could ultimately impact child safety.

## **DFPS Response**

Child Protective Investigations policy allows for the release of case information to certain entities, including law enforcement, prior to case closure. If a law enforcement official requests written case narratives or other information contained in IMPACT, they complete the Law Enforcement Request for Case Record Information form and submits it to DFPS's Records Management Group (RMG). The caseworker may only release case information contained in IMPACT if law enforcement has an immediate need for the written information contained in IMPACT, and the supervisor has reviewed the written information and approve the release.

Before releasing the written information to law enforcement, the caseworker must clearly mark the document as Confidential Draft, Subject to Change with a watermark or coversheet.

See [Sharing Information during an Open Investigation](#)

## **Recommendation**

That policy/practice ensure community services or resources be provided in the investigation stage; particularly on child death cases.

### **DFPS Response**

Current practice is to offer the family bereavement services in the event of a child death. If the child fatality is associated with abuse or neglect, current policy [2400 Referring a Case from Investigations to Voluntary or Court Ordered Family-Based Safety Services \(FBSS\)](#), requires the Child Protective Investigations caseworker to staff for legal intervention. Community services may be available in the larger metropolitan areas; however, rural communities may have a harder time seeking services.

## **Recommendation**

Basic gun safety education be provided to all parents involved in a Child Protective Investigation case. It was further recommended that each Region have a qualified expert, such as a Special Investigator, visit the family to discuss more detailed information and resources when identified as a need.

### **DFPS Response**

DFPS currently provides a brochure that details how to keep your firearm safe and secure. Child Protective Investigations staff also inquire with the parent/caregiver how the firearm is stored and secured. If gaps in security of the firearm are identified by the caseworker, the caseworker educates the parent on appropriate firearm storage safety.

Any kind of firearm education, other than keeping firearms in secure locations, is not the jurisdiction of DFPS. Special Investigators are not “qualified experts” to provide firearm safety education. Some law enforcement agencies and other private organizations offer such trainings and could be provided as a resource the family can contact.

## **Training Needs**

### **Recommendation**

Staff should be provided more education on psychotropic medications, what they are used for, what might indicate misuse, and how the number of children in the home with special needs may increase risk of abuse or neglect.

## **DFPS Response**

Psychotropic medication training is available on the agency public website. This training explains agency expectations for the safe and effective use of psychotropic medications by children in DFPS conservatorship.

Psychotropic medication training for Child Protective Services staff is intended to provide agency expectations for the safe and effective use of psychotropic medications by children in DFPS conservatorship

Information was added to new hire training for Child Protective Services staff in June 2021. Information about psychotropic medication is provided to staff and there is also a medical consent resource guide where medication is discussed.

## **Recommendation**

During two different meetings it was recommended for there to be additional training for staff when working with special needs populations. As well, there should be additional training regarding children with complex medical issues, and how to create safety networks for these children.

## **DFPS Response**

Mental Health Support protocol was developed in 2022. This training will provide participants an overview of the policies of the Mental Health Support Protocol, the Residential Treatment Center bed Project, Joint Managing Conservatorship, their implications for children in care, and the Department's role in each.

“Grace under Fire” training will be released in 2022 for CPS staff. This 4-hour course focuses on helping calm desperate and enraged youth.

Child Without Placement for DFPS Staff training was released in 2021 for all Child Protective Investigations and Child Protective Services staff. This computer-based training teaches the proper methods, procedures, and documentation required when an unplaced child is under DFPS supervision.

First Responders Training will be released in 2022. This training will identify responses for professionals working with people with special needs such as Autism, outlines how to locate resources and provide support for families.

Safety and Well-being of Children with Primary Medical Needs training is an online course that focuses on children with primary medical needs and other serious health conditions.

## **Recommendation**

The Department needs to provide additional statewide training to improve the understanding of the Indian Child Welfare Act (ICWA), and what it means to provide "Active Efforts."

## **DFPS Response**

The “Inside Scoop on Indian Child Welfare” was released in 2021 as a computer-based training. The Indian Child Welfare Act addresses the unique context for determining care and placement of Native American children. This course provides CPS/CPI staff with information needed to determine when the Indian Child Welfare Act applies to a child and how this law applies to those children.

The Indian Child Welfare Act Summit 2021 was made available for all staff to access. DFPS and the Children's Commission partnered to host the first Indian Child Welfare Act Summit on January 22, 2021. This Summit was a one-day event for judges, attorneys, caseworkers, and individuals who serve families and children impacted by the Indian Child Welfare Act.

## **Recommendation**

The Department should consider and evaluate the possibility of getting Special Investigators involved to engage the family and conduct diligent searches when there is/are missing parent(s) during the Conservatorship stage of services. It was suggested that this might occur only in specific circumstances (i.e. parent is pregnant) where there are child safety concerns.

## **DFPS Response**

Child Protective Investigations and Child Protective Services policy allows for the case to be referred to the Special Investigator Program Director when the child or family cannot be located in order to assist with diligent search efforts.

See [When a Child Who is With His or Her Family Cannot be Located](#)

## **Coordination with External Entities**

### **Recommendation**

The Department should provide additional training to caseworkers on mandatory reporter obligations specific to medical staff, and the need to report missed medical appointments for children with concerning medical issues.

### **DFPS Response**

“Reporting Suspected Abuse or Neglect of a Child: A Guide for Professionals” is a training that provides a walk-through of the web-based reporting system, abuse and neglect definitions and commonly asked questions.

### **Recommendation**

The state should consider having county or regional level intake systems, rather than a statewide intake system, to shorten the time it takes to make a report. It was mentioned that

entering a report online and/or calling in an intake through the hotline takes a lot of time commitment and may deter people from reporting concerns.

## **DFPS Response**

Statewide Intake (SWI) is the nationally recognized, centralized call center for the state of Texas. SWI is open 24 hours a day, seven days a week, year-round. In FY21, SWI handled 769,183 reports by phone, mail/fax, and internet. Even during the busiest months, most calls are answered in less than ten minutes, routed by an automatic call distributor to the first available intake specialist. The e-reporting system is also available 24 hours a day, seven days a week, year-round. The length of time it takes to make a report often depends largely on the information reported.

SWI staff undergo a robust training program and work is heavily reviewed and monitored. Intake staff learn and apply applicable Texas laws and protective services policies to determine whether reported information meets the legal definition of abuse, neglect, or exploitation of elderly persons or adults with disabilities, children, persons in state schools, state hospitals, state centers, and community based centers licensed by Health and Human Services. Ongoing training and quality control measures ensure consistent practice and program integrity at SWI.

Texas is vast, with 254 counties and a population of over 29 million. There is no evidence to support dismantling a centralized hotline in favor of regionally based hotlines will improve hold times or speed the time it takes to complete a report. In addition, it is highly probable that consistency in assessment and practice will suffer. Oversight of programs will vary, and state level data collection will be cumbersome. More than 30 years ago, SWI was born from a collection of local offices taking phone calls across the state and has evolved into a high functioning, high producing, call center that provides professional and compassionate assessments of abuse, neglect, and exploitation 24 hours a day, every day.